



ASHWINI

2025-26

ANNUAL REPORT

The vision of ASHWINI is "to have a health system for the tribals of the Gudalur Valley that is accessible, acceptable, owned and managed by the community."

ASHWINI was registered as a Charitable Society in 1990.



EXECUTIVE SUMMARY

From April 2025 to March 2026, ASHWINI advanced healthcare and community well-being among Adivasi communities across Gudalur and Pandalur Taluks of the Nilgiris, while serving others across the region. The year saw significant progress, including a five-year grant from the **Azim Premji Foundation** to expand the Adivasi Hospital to 100 beds, strengthen infrastructure and equipment, and establish a GNM school. ASHWINI reached thousands of people across the region through mobile antenatal, mental health, and point-of-care programmes. The year also expanded opportunities for fellowships, internships, training, and research. Building on this momentum, ASHWINI looks ahead to scaling point-of-care services, strengthening cancer screening, and deepening community-based mental health and nutrition programmes.

NEW RECRUITMENT

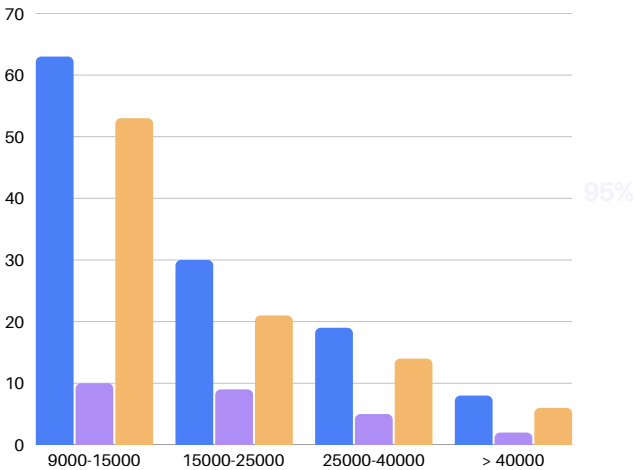
Dr Surabhi from St. John’s Medical College, Bangalore, joined us for her compulsory rural posting and will serve a two-year commitment. Tulasi and Renjith, both from the community, joined the Mental Health Team, strengthening our community-based mental health approach.

Through our scholarship programme, Sijitha and Kethi completed their General Nursing and Midwifery (GNM) training, while Ashwini completed a Diploma in Medical Laboratory Technology (DMLT) and joined our staff. Sandhiya and Ramya also completed GNM through the scholarship programme and have joined us for a rotational internship, and will soon become part of our staff.

STAFF CATEGORY

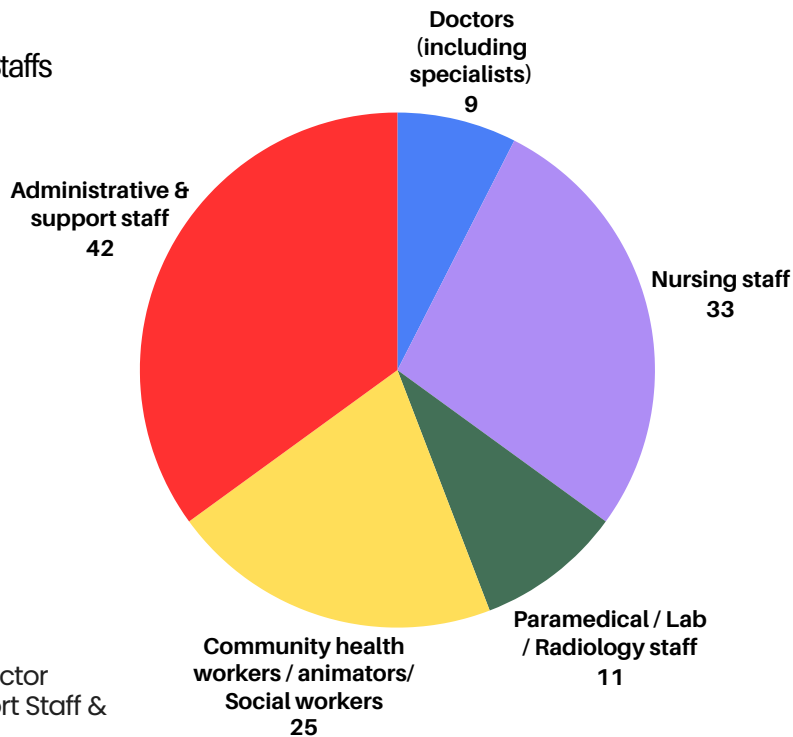
■ - Total Staffs ■ - Male Staffs ■ - Female Staffs

63 10 53 30 09 21 19 05 14 08 02 06



Highest Salary Rs.120000 Per Month For Specialist Doctor
Lowest Salary Rs.9000 Per Month For Hospital Support Staff & Canteen Helper

Total Staffs - 120



BOARD MEMBERS

NAME	POSITION	NO. OF MEETING ATTENDED	REMUNERATION
K.T.SUBRAMANIAN	SECRETARY	3	NIL
M. KETHAN	PRESIDENT	3	NIL
KATHIRAVAN	TREASURER	3	NIL

HOSPITAL AND CLINICAL SERVICES

The Adivasi Hospital continued to provide accessible and comprehensive healthcare to the community, with new doctors and paramedics strengthening our team and services. Visiting specialists and online consultations further supported care in oncology, psychiatry, orthopaedics, radiology, and other areas.

A major milestone this year was the approval of a five-year grant from **Azim Premji Foundation** to strengthen healthcare in Gudalur. The initiative will support the expansion of the hospital to 100 beds, upgrading of equipment, and the establishment of a General Nursing and Midwifery (GNM) school to train and upskill young women from local tribal communities. As part of this effort, we have already upgraded the main OT with HEPA filters and laminar airflow, along with new equipments.



- **C-arm Machine**



- **OT HVAC Modernization**



- **CT Machine**



- **Anaesthesia Machine**



- **Laparoscopy System**



- **Mammography Machine**



- **Colposcopy Machine**



Dr. J. Patel's generous support also enabled ASHWINI to acquire the land required for the hospital's mandatory **23-foot access road**, further supporting the hospital's **infrastructure development**.



HOSPITAL STATISTICS

INDICATOR	THIS YEAR	NOTES.
 Total OPD attendance 29488 13126 tribal patients	 Total IPD admissions 2007 1522 tribal patients	 Surgeries performed 517
 Ultrasonod scans performed 1925	 Endoscopies performed 234	 Radiology / imaging studies 2329
 Physiotherapy 305	 Dental services 809 305 Tribal patients	 Deliveries 174
 New born screening for sickle cell 259	 New born hearing screening 148	 Referral made 347

In partnership with Sankara Eye Hospital, our cataract screening programme marked three years in October, screening **1,900 individuals across 235 villages** and facilitating **649 surgeries**.



COMMUNITY HEALTH PROGRAM

MOTHER AND CHILD HEALTH



The weekly mobile Antenatal Visits from Adivasi Hospital service brought care closer to pregnant women in eight areas. The service was staffed by a senior obstetric nurse, health animators, and nursing trainees, and operated independently of government follow-up. During the reporting period, approximately **90** visits reached **366** pregnant mothers across **162** villages.



The programme supported enrollment in the Muthulakshmi Reddy Maternity Benefit Scheme, distributed nutrition kits, and provided additional nutritional support. These measures complemented antenatal care and community-based follow-up.



ASHWINI continued to provide nutrition support to pregnant women, lactating women, and children under five, recognizing the importance of sustained nutrition-related care for vulnerable families. This work was supported by **Rom Reddy**, an NRL of the **Hilton Foundation**, and **Brady Corporation** through their CSR funding, enabling continued support for families and strengthening maternal and child nutrition in the community.

April 2025 – March 2026

	Total deliveries	261
	Institutional deliveries	260 (99.6%)
	No. of children whose growth was monitored	1,390
	Normal weight	710 (51%)
	Moderate malnutrition	470 (34%)
	Severe malnutrition	210 (15%)
	Maternal mortality	0
	Infant mortality (rate)	6 (22.9)

Continuity of care : The mobile service connected hospital-based antenatal support with village-level access, nutrition support, scheme enrollment, and follow-up across the eight areas.

Community Mental Health and Suicide Prevention

The Community Mental Health and Suicide Prevention programme entered its 19th year. This initiative sought to centre care in Adivasi villages by building the capacity of health volunteers and youth leaders. The programme collaborated with the Centre for Mental Health Law and Policy through Atmiyata, with funding support from **Azim Premji Foundation**.

The year included a needs assessment and co-design workshops. The role structure decided through this process included Community Facilitators(CFs), Champions, Mitras, Health Animators, and Senior Village Health Guides. Training progressed from January through March, the CFs started the training for the first batch of Champions from the Gualdur, Srimadurai and Devarsholai areas.

Alongside the health animators, five social workers anchor this programme: Suresh, Renuka, Sumayya, Thulasi, and Renjith. Visiting psychiatrist Dr Vivek was scheduled for three visits per month.

Indicator	2025-26
Persons under follow-up/medication	479
Persons enrolled	61
Severe mental disorders	173
Common mental disorders	306
Deaths due to suicide	25
Attempted suicide	12
Total deaths	212
Re-attempts	Not reported



Point-of-Care programme and village screening

The Point-of-Care programme entered its third phase with CSR support from **Microland Foundation**. The number of Nurse Technicians increased from two to six, with recruitment from different areas. The planned scale-up includes lossless diagnosis, cancer screening, community-based approaches, and prompt referral. The phase included a training module, a data dashboard, and the AVNI app to support the programme's field work and information systems, while purchase of new 4-wheeler improved village accessibility.

During the year, 146 villages were visited, 70 screening camps were held, 1,976 people were screened, and 1,007 point-of-care tests were conducted. Detected pre-morbid conditions included hypertension 105, diabetes 44, anemia 29, TB 43, and abnormal ECG 15.

Weekly Sunday screenings were organised through a team that included Nurse Technicians, Health Animators, Health Guides, and members of the mental-health and supporting programme teams. 96 new high blood pressure cases and 38 new high blood sugar cases were identified.



Point Of Care

Follow-up and care indicator	Reported figure
NCDs on follow-up	1,130
Stroke	109
Sickle cell disease under treatment/follow-up	148
Newly detected sickle cell cases	09
TB on treatment	43
Sputum-positive TB cases	11
Epilepsy on follow-up	46



Molethairmattam Doctor Visit



Vazhavayal Village Visit



Kozhikolly Sunday Screening

Strengthening Skills, Creating Pathways

ASHWINI's training programmes continue to create pathways for tribal youth to access education, professional skills, and meaningful careers in healthcare. **Poristes Stiftung** continues to provide strong support to the training programme, while **Tague Tec** has extended partial assistance to several students pursuing higher education. **Microland Foundation** supported tuition scholarships for **15 ANM students** through CSR funding.

ANM Training

- **7th Batch:** All 17 students successfully completed their board examination in First Class, with **4 securing Distinction**. All completed a six-month clinical internship at Gudalur Adivasi Hospital.
- **8th Batch:** All **17 students passed** their first-year board examination and progressed to the second year, with continued clinical and community-based training.
- **9th Batch:** **20 students** were selected from 25 candidates. A three-week foundation programme strengthened teamwork, communication, confidence, and life skills before regular classes began in August 2025.



Higher Education & Career Pathways

Three students from different tribal communities progressed to higher studies:

- **2 Students** Joint Pharmacy programmes at JE College of Pharmacy, Thiruvananthapuram.
- **1 student** joined a B.Sc. programme in Radiology and Imaging Technology.

In addition, **2 GNM** graduates completed their training and joined Gudalur Adivasi Hospital for internships, while **2 B.sc. Nursing graduates** prepared to join the hospital.

From Training to Community Service

A major milestone was the placement of **58 ASHWINI-trained students from the 1st–6th batches as Government Village Health Nurses (VHNs)**. This represents a sustainable pathway for tribal youth to serve their own communities through the public health system—advancing ASHWINI's vision of **“Health in the hands of the community.”**

Internships & Rural Exposure

9 interns from TISS, Azim Premji University–Bhopal, Rajagiri College of Social Work, IIPH Gandhinagar, and SAFI Institute of Advanced Study joined ASHWINI during the year. Medical and pre-medical students also spent **2–4 weeks** gaining exposure to rural healthcare and community life through the Rural Development Programme.

Fellowships & Learning Platforms

- **Rural Health Fellowship:** Welcomed **Dr. Thanushree** into the second cohort, continuing ASHWINI's commitment to nurturing young professionals in rural healthcare.
- **Health Equity Fellowship – Azim Premji Foundation:** Dr. Namita Chandy, MD Community Medicine, spent **nine months** with ASHWINI, contributing to nutrition, mental health, sickle-cell, and community health initiatives.
- ASHWINI also continued to engage with the **Rural Hospital Network, Travel Fellowship, and Rural Sensitisation Programme**, creating wider opportunities for healthcare professionals and students to learn from rural health systems.

RESEARCH UPDATE

The ongoing ICMR-funded study, **“Feasibility of Locally Adapted, Community-Delivered Life Skills Training in Indigenous Adolescents: A Multi-Site Study,”** is in its final phase. The intervention was successfully delivered by trained community members to adolescents in four government schools with a high proportion of Adivasi students.

Preliminary findings indicate lower regular school attendance and higher dropout rates among tribal students compared with non-tribal students. Among tribal students, day scholars had higher dropout rates than hostel residents. Qualitative findings identified multiple contributing factors, including transport difficulties, elephant-related safety concerns, low motivation, limited parental support, early wage labour, early relationships and marriage, financial and health challenges, academic difficulties, negative school experiences, and social and community influences. Substance use, particularly tobacco and alcohol, emerged as a concern, with some adolescents reporting exposure as early as Grade 3.

These findings highlight the need for early, age-appropriate prevention strategies and community-based interventions addressing the broader social and environmental factors affecting school attendance and adolescent well-being.

ADDITIONAL FUNDING SOURCES

ASHWINI gratefully acknowledges the generous support and valued partnerships of the organisations, foundations, individuals, and well-wishers who have contributed to our work.

The Muthoot Group, along with IMPAL and Oriental Exchange, has generously contributed towards upgrading our facilities and strengthening service delivery.

We are also deeply grateful to the ARTMA Foundation, People4People Foundation, Friends of Hope (UK), and JSK (UK) for their continued support and commitment to our work.

We also extend our sincere gratitude to the many other individuals, trusts, and well-wishers who have supported ASHWINI throughout the year.

Financial overview

Financial Statement for the year 2025 - 2026			
Receipts & Payments Account			
Receipts for the year ended on 31/03/2026		Payments for the year ended on 31/03/2026	
Opening Cash and Bank Balance	27466511.00	Hospital	
Self Generated Fund from Hospital Operations/Interest from Bank/Community Fund	26776577.00	Salaries	20619906.00
Donation from Indian Individuals	2499795.00	Medicines & consumables	6344363.00
Grants from /APPI /Indian Trusts/CSR	54124251.00	Operational Cost	11657580.00
Grants from Government	5313000.00	Laboratory	2046944.00
Donation from International Individuals	3609625.00	Canteen	1040482.00
Grants from International agencies Poristes Stiftung/FOH/Others	11175500.00	Community Health Program	
Sale of Investments - FD matured	62518903.00	Salaries	85,52,822.00
Loans/Advances	40747330.00	Operational Cost	44,55,593.00
Sale of Assets		Training	
		Salaries	6991800.00
		Stipend/Food/Accommodation	709130.00
		Operational Cost	4213089.00
		Other Program Expenses	1145000.00
		Capital Expenses	19188426.00
		Purchase of investments - FD	65578404.00
		Loans/Advances	48885994.00
		Early Intervention Centre	81815.00
		Research & Documentation	1862185.00
		Total Payments	203373533.00
		Closing cash and bank balance	30857959.00
Total Receipts	234231491.60	Total	234231491.60

Income & Expenditure Statement			
Income in Rs for the year ended on	31-03-2026	Expenditure for the year ended on	31-03-2026
		Opening Stock Medicine	2042232.00
Earned / Self generated income	25631576.53	Curative Care	156990.00
Donations from Indian Sources	2499794.79	Hospital Operations	18620093.00
Grants from Indian Sources	54124251.00	Training	4922219.00
Donations from international Sources	3609625.00	Administration	1271804.00
Grants from International Sources	11175500.00	Personal Costs	36164528.00
Other Income	5313000.00	Community Health Program	4455593.00
Closing stock of Medicine	2882357.00	Support Services	1040482.00
Excess of Expenditure over income		Research & Documentation	1862185.00
		Early Intervention Centre	81815.00
		Depreciation as per schedule	6687834.00
		Excess of Income over expenses	27930329.00
Total Income	105236104.02	Total Expenditure	105236104.02
Excess of Income over expenses	27930329.00	Transfer to Healthcare/Society Fund	8578835.00

Balance Sheet	
Assets as on	Mar-25
Fixed Assets	190554932.00
Investments	65578404.00
Loans and advances	29508011.00
Closing stock Medicine	2882357.00
Other current assets	4651379.00
Cash and Bank balances	30857959.00
Total Assets	324033042.00
Liabilities as on	Mar-25
Society funds	184815403.00
General fund (unrestricted fund)	13210839.00
Corpus fund	16388614.00
Restricted / Earmarked funds	13810177.00
Current Liabilities and provisions	95808009.00
Total Liabilities	324033042.00

WAY FORWARD

Guided by our vision of accessible, equitable, and community-centred healthcare, we will scale point-of-care services, strengthen diagnostic capacity and timely referral, and expand cancer screening and preventive care. We will deepen community ownership and leadership, strengthen community-based mental health and suicide prevention, and continue our work in maternal and child nutrition, sickle-cell and chronic disease care.

We will invest in fellowship, training, and capacity building while developing new partnerships and strengthening existing collaborations with communities, government, healthcare, academic, and NGOs.

By focusing on evidence-based, sustainable, and scalable approaches, we aim to strengthen local health systems and contribute to healthier, more resilient, and empowered communities.

CLOSING NOTE

ASHWINI gratefully acknowledges the Adivasi communities, patients, families, staff, health guides, volunteers, fellows, interns, donors, partners, and supporters whose participation, care, trust, and solidarity sustain this work.

Support ASHWINI's Healthcare Mission



Your generous support enables ASHWINI to continue delivering essential healthcare services and empowering tribal communities. Every contribution no matter the size, creates a meaningful impact. Visit our donation page [here](#) to make a difference today.

Contact Us



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www.ashwini.org

*Thank
You*